

Kentucky Boxing and Wrestling Authority

WRESTLING SHOW NOTICE FORM

NOTICE: Wrestling Shows shall be reported to the Authority in writing at least five (5) days prior to the show.

Please complete and return this form to the Authority

Promoter Name: _____

Promotion Name: _____

Where: _____

Directions: _____

Date of Event _____ Time _____

MAIL TO: Kentucky Boxing and Wrestling Authority
P.O. Box 1360
Frankfort, KY 40602

FAX TO: 502-696-3938

EMAIL TO: angela.robertson@ky.gov